CHIPPENHAM TOWN COUNCIL
Improving the quality of town life

GRANTS SCHEME: APPLICANT CONTACT INFORMATION FORM

Please complete in black ink or type and use a separate sheet of paper for your answers where necessary.

In order to comply with General Data Protection Regulations, this document will be used by council staff for the sole purpose of contacting the applicant about the application and any subsequent award; any personal details contained therein will be redacted where appropriate. Please confirm by signing the box below that you give consent to Chippenham Town Council to retain your details for this purpose. For further information about how Chippenham Town Council uses your personal data, including your rights as a data subject, please see our Data Protection Policies which can be found on our website.

I give consent to Chippenham Town Council storing the personal data below for the purpose of processing this application and any subsequent award.	Signed: Dated:

Name of organisation	

Name of applicant	

Position held in the organisation	

Contact address	

Contact telephone number (daytime)	

Email address	

If your organisation is awarded a grant, where shall the grant funds be sent?	Payable to: Bank Name: Account Number: Sort Code: